BEST AVAILABLE COPY													
								A	Application or Docket Number				
1	PATENT	RD		091766473									
CLAIMS AS FILED - PART I (Column 1) (Cotumn 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(1					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· e			X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			5 minus 3 =		٠ 2			X40=		OR	X80=	160	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=	•	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II /// 27/							10	SMALL	ENTITY	OR	OTHER SMALL		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. / 2	Minus	" 2	25	• /		X\$ 9=		OR	X\$18=		
MEN	Independent	. 3	Minus	•••	5	• //		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				TCLAIM		]	+135=		OR	+270=		
	J 5.	IW				•				00	YOYAL		
1	123/05		ADDIT, FEE										
	100 100	(Column 1) CLAIMS	(Column 3)	1		ADDI-	•		ADDI-				
ENT B	7	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY POR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	. 17	Minus	••		•		X\$ 9=		OR	X\$18=		
SE SE	Independent	٠ 2	Minus	***		9	П	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
VO LO CO TOTAL TOTAL													
(Column 1) (Column 2) (Column 3)													
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	REST RBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENT	Total	. 18	Minus	••	20	•	IJ	X\$ 9=		OR	X\$18=		
	Independent	. ' ()	Minus	• é •	3	•		X40-			X80=		

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-476 (Rev. 8/00)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+135=

+270=

OR ADDIT. FEE